

**DUPLICATE** faxed on 2/15/05  
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PTO/SB/02 (09-04)

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Application Number	10715090
Filing Date (first)	March 6, 2003
First Named Inventor	AMIT SARKAR
Art Unit	
Examiner Name	
Attorney Docket Number	61784.010100

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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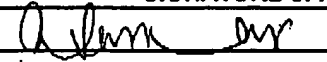
<input checked="" type="checkbox"/> Firm or Individual Name	AMIT SARKAR (INVENTOR)				
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I am the:

☐ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	AMIT SARKAR		
Date	12-105/04	Telephone	646-792-6561

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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